## Comments from the Illinois Association of Area Agencies on Aging (I4A)

## January 22, 2014

## Jonathan Lavin, CEO AgeOptions for the I4A

Thank you for this opportunity to comment on the Second Draft 1115 Waiver Application. AgeOptions is representing the Illinois Association of Area Agencies on Aging (I4A) in providing these comments. Area Agencies on Aging want to see the promise of the 1115 waiver come to fruition by providing expanded resources, potential creative energy, and most important, solid service delivery. .

I4A was pleased to meet with the consulting organization for the 1115 Waiver just prior to the development of the first concept paper. At that time, without seeing the full scope of the Waiver, we offered a number of recommendations and expectations for improved design and implementation of service reforms: (a). sustaining eligibility for Community Care Program participants (from reading the concept paper, there is no assurance that this will occur); (b) Inclusion of additional waiver services for older persons in the Aging waiver (the position paper offers additional services, but it is not clear that program services will be retained as currently delivered); (c) an access system that builds on the Aging Network experience (we appreciated the most complete discussion of access seen to date, but there remains a very vague description of how no wrong door, coordinated points of entry will take shape. Jonathan Lavin of AgeOptions, representing I4A, chaired the Older Adult Services Advisory Council Work Group on Coordinated Points of Access. That work group brought to the full OASAC standards that were unanimously adopted. We encourage that those adopted standards be fully utilized in the Waiver and the Balancing Payment Incentive Program); (d) tapping into health promotion/disease prevention programs enhanced and expanded through our community networks (It is striking how narrowly population based programs are described in the expanded waiver draft, truly loosing the opportunity to carry programs to Illinois citizens in the community rather than to only build on Medical Center efforts); (e) local planning and involvement of older and disabled persons channeled through community involvement processes that date back 40 years (we did not see in the draft an inclusive methodology that channels proven citizens participation and involvement. We urge you to identify inclusion of established planning and citizen input systems as a goal of the consolidated waiver system. Such inclusion recognizes a variety of laws and programs that impact waiver services at the national and state level); (f) to increase consumer protections and support through elder and adult protection/rights programs.(we appreciate the reference to one program – ombudsman – but there is significant activity occurring related to health care fraud and abuse, financial exploitation, and domestic and criminal abuse that is most important to the future of waiver and other services); (g) advocacy to public officials to be recognized and supported through the waiver (Advocacy is the pathway to informed decision making that builds support for change and new directions, while assuring that those directly impacted are included in the final decisions, not as barriers but as sources of information and positive results).

**I4A offers the following comments on the expanded waiver discussion:**

Page 9 of 78 – I4A appreciates the intent of the 1115 Waiver to offer a significant array of services based on the individuals need for a service. We also remind the authors of the waiver that medical need may be significantly different than functional need and the importance of self directed care where feasible. The Care Coordination Unit system Area Agencies on Aging implemented with the Illinois Department on Aging, sought to build on the skills, expertise and knowledge of community based care managers. We believe that moving assessment, eligibility determination and care planning into a medical model risks budget neutrality of the program, or even worse, a reduction in services if more expensive medical assessments are paid for with reductions in primary service delivery. We also believe Consumer Directed Care may be compromised if medical expertise is ranked higher than the individual, family and community support. Medicali approaches are often risk averse and not always in sync with consumer wishes.

Moving to medical homes also requires a full process for discussion of the significance of such a move. Is the intent to find a way around "all willing and qualified" as currently practiced? Is the intent to identify a smaller set of providers with guarantees of significant numbers of referrals from the Medical Home? We do not have an opinion of either system, but we do ask to understand the selected approach and to be tapped as the significant connection to consumers and providers understanding. We offer the Make Medicare Work Coalition as an example of the strongest technical assistance, translator of complicated information 9not only to English speaking communities but to limited English and deaf communities), and reliable source of comprehensible information.

Page 15 of 78 Illinois Area Agencies on Aging have a historic connection to fighting food insecurity. This is seen in very productive outreach and information programs on such issues as SNAP eligibility. We also offer nutrition education in congregate luncheon programs, and we offer the largest home delivered meal service in the state through community based nutrition providers. We ask that our role be recognized and budgeted in the 1115 Waiver process.

Page 18 of 78 – Illinois has four Community-based Care Transitions programs under 3026 of the Affordable Care Act with AgeOptions, an Illinois Area Agency on Aging a lead for one program, and East Central Illinois Area Agency on Aging a principal in another. The other two programs are operated by Older Americans Act Provider agencies. We ask that our existing role and responsibility be identified in the Waiver proposal as validation of the comprehensive and deep understanding that Illinois must have of all of the service activities occurring in the state.

Page 21 of 78 Pathway 2 – **Build Capacity of the Health Care System for Population Health Management**

Illinois thirteen area agencies on aging serve Department on Aging regions that represent concentrations of older adults. Area Plans on Aging are prepared that incorporate available data, information and the input of older persons and their community service providers. We understand the concept of Regional "Nexus" organizations. We ask that 1115 planners be careful not to assume electronic medical records, or medical planners will understand and automatically build on the strengths of other regional efforts. Most of the Waiver services in Illinois are non-medical. It is a concern that

limiting the public investment in such data centers may miss the essence of the waiver service population. .

Page 24 of 78 **Pathway 3 - 21st Century Health Care Work Force**

Area Agencies on Aging are supportive of the emphasis on the development of community health care workers, in-home specialized personal attendants, care coordinators, nurses, physician assistants/nurse practitioners, and physicians - especially those certified in geriatric care (a specially mentioned but not separated from other Illinois Speciality education programs).

Chronic Disease Self Management and other evidence based health promotion disease prevention programs can be important specialties for Community Health W0orkers. Placement of Communityu Health Workers in the community, intentionally directed to non-clinical settings has the potential of reaching thousands more at risk citizens in less threatening settings. Illinois Area Agencies on Aging and community partners are developing programs that will reach significant numbers of older and disabled persons in settings that are less threatening and less expensive, while offering essential and proven techniques to change health behaviors related to chronic conditions, falls, nutrition, mental health, diabetes management, etc.

Page 30 of 78 **Pathway 4, LTSS Infrastructure, Choice, and Coordination**

I4A members are specialists in services to older persons. As with most specialties, the impact of program and services are considered in designing flexible and responsive services for our clientele. Aging services history was informed by "generalist" programs that made incorrect assumptions about the need of their clientele – older persons were told to hire homecare workers funded by the then Department of Public Aid. Older persons who received funds from the state often did not understand the capacity of the clientele to make hiring decisions and direct their own care. I4A members found abusive situations with that system.

Similarly, mental health services were restricted to office visits, but no affordable transportation was available for people with limited mobility. Establishing mental health services in the home is still a challenge for the aging network.

The reliance on logarithm determination of need and then care provision has potential for increasing the accuracy of service planning, but a one size fits all approach must be balanced with understanding and individual care of our clientele.

I4A also notes that administrative complexity can be approached positively. Centralized, Springfield based decision making is important, but the 1115 waiver has the ability to discuss leadership, proximity, improved deployment of expertise and efficiencies. Please use the community and regional infrastructure to improve program management. We caution against over reliance on medical criteria. There are specific details offered in the 1115 waiver for various functions of the service network. We ask that a commitment to the established care coordination system be explicit in the waiver. We believe that Managed Care Organization assumption of CCU responsibility is yet to be proven and should

be provided a full opportunity to demonstrate what it can and can not do. It would not make sense to totally commit to waiver delivery through integrated care mostly delivered by for-profit, out of state MCOs, without the option to balance their services with trained, knowledgable and local community organizations. Several states have required the connection between the community and the MCOs as requisites for their entering the home and community based service network. The 1115 waiver must allow multiple options and a high priority to the full involvement of community organizations in service delivery into the future.

On Page 31 of 78, the wording can be improved related to self directed care. "Rationalize service arrays and choices so that they are based on beneficiaries will remain as independent as possible" falls short of clearly stating that the waive will support "consumer directed service" as much as possible. No one wants to see an open check book for care by waiver clients, but it is imperative that consumer direction, risk and choice not be trumped by "professional" decisions and outside determinants of adequacy in service delivery.

On page 32 of 78, the listing of various assessments in Illinois waivers does not offer any client centered reasons that the assessments are inadequate and unfair. I4A is willing to grant the assumption that these can be improved. We hold our judgment on if they can be totally standardized so that client care is improved.

We also again warn that standardization is not cost neutral and beneficial if it removes access to local supports and services, and increases the medical requirements of assessors and care planners for all individuals.

The goal of a UAT that "addresses unique constellation of needs" is supported as long as the assessor knows the meaning of care and the capacity of service to meet individuals needs. We find that regular contact with our clientele, the service network and the providers of service, is a stronger predictor of care needs than relying only on the comprehensive assessment used in the aging waiver.

On Page 34 of 78, we are supportive of the proposed process to develop common service definitions and we state our concern that the current definitions have assumptions of capacity and capabilities that may not be the best approach to aging services (e.g.homemaker is identified as appropriate if there is a determination that the person is unable to direct a personal care aid. We suggest that this is not be best lens for determining a care plan for many of our clientele.

Page 34 of 78 **Streamlining monitoring, paperwork and other reporting requirements** I4A members have offered local monitoring and support to community agencies for over 35 years. Monitoring can be trying, but it also can be uplifting and educational. We have been able to guide a variety of agencies to improve their agencies and their services since our monitoring is driven by quality improvement. We caution that centralized monitoring systems may not have the touch, concern and care that 13 area agencies on aging provide to our service networks. We caution that losing that approach will cost Illinois in the long run.

Page 35 of 78 Increased Access to Community Based Services,

The Determination of Need was created by the Aging Network to achieve the goals stated in this section. We are pleased that there continues to be a commitment to those values.

Page 46 of 78 **Approach to Evaluation** One clear and consistent observation is that Illinois human services systems are not supported with reliable information and data. We believe the indicators offered in the evaluation section require further discussion and expansion to reflect the quality of data systems. We note that Framework efforts will capture improved information on services and programs, but we have not seen a strong plan to improve all information systems throughout Illinois Departments.

We again thank you for the opportunity to comment. One recommendation we strongly offer is for the waiver to be presented in a font that can be read by older eyes.

Jonathan Lavin
President
AgeOptions
1048 Lake Street
Oak Park, Illinois 60301
708-383-0258